

Implementing A Psychodynamic Approach With South Asian Women

**BINDU METHIKALAM
SIMRUN KAUR SANDHU
SNEHA MCCLINCEY**

ABSTRACT

South Asians are a diverse group and South Asian women are a cultural group that has received minimal attention in the psychological literature. The current chapter explores the benefits of using and conceptualizing psychological concerns that might be presented by South Asian women from a psychodynamic perspective. It has been argued that more structured psychotherapies are preferred by such clients. Scholars have argued that psychodynamic psychotherapy is highly applicable to ethnic minorities, particularly immigrants and immigrant women given their ability to explore the multi-layered meaning of cultural identity (Tummala-Nara 2011). South Asian culture emphasizes interpersonal relationships and embracing familial and cultural history, both of which are core aspects of psychodynamic psychotherapy. Furthermore, psychodynamic psychotherapy addresses the complexity of balancing cultural expectations that are often the source of profound emotional conflicts and are integral to understanding the individual (Roland, 1996). Finally, clinical implications with this population will be discussed.

Keywords: South Asian, Women, Psychodynamic Psychotherapy, Conceptualization, Acculturation, Gender Roles, Resistance, Cultural Identity, Multicultural Counseling

Consider the following vignette:

Supreet is a 29-year-old Sikh, Indian American woman that self-identifies exclusively as being “Indian,” despite being born and raised in the United States. She is seeking therapy because of recent distress navigating work and familial obligations. Supreet’s parents decided to leave India after the 1984 Delhi riots, where Sikhs were brutally attacked and targeted by members of the Hindu majority group. Fearing for their safety, they sought political asylum and immigrated to the US in 1985. Throughout her life, Supreet spent the majority of her time outside of school interacting predominantly with individuals from her religious group, i.e. her family and/or Sikh community members at the local Gurdwara (Sikh place of worship). While Supreet is fluent in English, she still feels most comfortable expressing herself in Punjabi, her native tongue. Despite feeling a strong connection to her family and her cultural group, and believing that she does not demonstrate “Americanized” mannerisms or beliefs, Supreet’s parents maintain that she is an “American,” not an “Indian.” Supreet finds such statements to be distressing, as the only time she identifies herself as “American” is for official purposes, such as legal documents inquiring about her nationality. Since graduating from law school 4 years earlier, Supreet has been working at a law firm that specializes in immigration and international law. Given the obstacles her parents faced when trying to flee a hostile and unsafe environment, Supreet found herself drawn to working with individuals seeking asylum in the US. She is motivated by the meaning she finds in her work, gladly contending with the long hours needed to be an effective advocate for her clients. Supreet has learned that it is imperative for her to be assertive in this role, something she felt uncomfortable about initially. Though her discomfort about being a driven and determined attorney has abated, she still struggles to reconcile her role at work to her role as a deferential and agreeable daughter, finding that they are seemingly disparate identities. This conflict has been fueled by intermittent comments from her co-workers, who have repeatedly expressed confusion about why a successful, ambitious woman would allow her parents to arrange her marriage. She has felt this conflict even more keenly since she was offered a promotion to be lead attorney for asylum cases. Though Supreet has considered that the promotion would entail a salary increase and allow her to focus entirely on the cases she is most passionate about, it would also require her to work longer hours. When discussing the offer of promotion with her parents, they decided it was best that she turn it down, given the need to focus on her upcoming marriage, firmly prioritizing her roles as a future wife and mother. Though Supreet knows she should ask her parents to reconsider, she feels she cannot given the strict hierarchical and patriarchal nature of her family experiencing an emerging ambivalence towards deferring to their decisions. Consequently, Supreet is contending with high levels of anxiety, as she is more aware of her desire to operate in autonomously by accepting the promotion and focusing on her career, similar to the “American” women colleagues. Choosing her career over the wishes of her family feels inconsistent with her identity as an “Indian” woman.

Supreet presents with familial and occupational stressors that are leading her to seek therapy. This case will be used to highlight the clinical themes and personality structure that pertain to the use of Psychodynamic psychotherapy with South Asian women.

SOUTH ASIAN WOMEN AND PSYCHODYNAMIC PSYCHOTHERAPY

Clinicians have argued that clients from Asian cultural backgrounds such as China, Korea, and India, prefer a more structured form of psychotherapy where therapists are more directive (Li, & Kim, 2004; Sue, 1983; Sue et al., 1996). However, while there is some benefit to having structure in the treatment this assumption inaccurately implies that ethnic minorities might lack the insight and ability to critically explore their experiences on a deeper level (Foster, 1998). Moreover, other scholars have argued that psychodynamic psychotherapy is highly applicable to ethnic minorities, in particular immigrants and immigrant women, given the theory's ability to explore cultural meaning and identity on a deeper level (Tummala-Nara, 2013). Psychodynamic psychotherapy addresses the complexity of South Asian women's identities as a result of balancing various cultural expectations of being a woman. South Asian culture emphasizes interpersonal relationships and embracing the past, both of which are core aspects of psychodynamic psychotherapy. Roland (1996), states that cultural and social factors are important in understanding the individual because they are often the source of profound emotional conflicts. Thus, for South Asian women the sociocultural expectations can be a source of strain that needs to be explored at a deeper level. Additionally, these cultural expectations must be understood by the therapist in order to fully appreciate the identity of South Asian women. This chapter addresses how to conceptualize South Asian women from a psychodynamic perspective given the themes that emerge for this specific population in psychotherapy. Specifically, we will discuss themes such as, bi-cultural identity, gender roles, and resistance that might emerge when working with South Asian women.

SOUTH ASIAN WOMEN IN THE UNITED STATES

South Asians have been immigrating to the United States (U.S.) in increasing numbers since the mid-1960s based on changes in immigration policy (Almeida, 1996; Jayakar, 1994). This diverse group has included individuals originating from Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka (Diller, 2014). Kurien (2001), states that while there are no national or regional statistics that highlight the exact number of South Asian groups belonging to the diverse religions represented in South Asia, there is much religious diversity within this group. For example, Asian Indians as a group by themselves vary in their cultural and religious practices. Approximately eighty-three percent of Indians living in India are Hindu, 11% are Muslim, 3% Christian and 2% Sikh. South Asians constitute the second largest group of Asian Americans in the U.S. following the Chinese (Diller, 2014). Uba (1994) and Jayakar (1994) note that, despite their increased presence in the U.S., South Asians rarely seek out psychological services and are seldom studied by Western psychologists. There is an underrepresentation of South Asian women's experience in the literature (Badrudodoja, 2006). Though relatively few South Asian women immigrate to the U.S. on their own, typically as students or to seek employment, there is an expectation to start a family or bring family members to join them (Lessinger, 1995).

However, regardless of whether the South Asian woman is a first generation immigrant, who came to the U.S. first, or a second generation woman, who was born to immigrant parents, there are some common features that are associated with South Asian culture in general. Family, collectivism, and ethnic identity concerns are three common aspects of the South Asian culture. The following sections will discuss each of these distinct aspects of South Asian culture in detail.

FAMILY AND CULTURAL IDENTITY

A salient influence on a South Asian woman's identity is her family. She learns from a young age that parents are to be honored and revered and that there are clearly defined roles for parents and children. Fathers are to be the primary providers and decision makers whilst children are tasked with bringing honor to their families through their achievements (Durvasula & Mylvaganam, 1994). Furthermore, though the nuclear family unit takes precedence over the extended family, (Ramisetty-Mikler, 1993), they are jointly the main source of emotional support (Pedersen, 1981) and play a significant role in major decisions. As such, South Asians tend to de-emphasize developing a sense of self that is separate from the family (Inman et al., 2001) with the understanding that an individual's actions affect not only themselves but also their family and those in their community.

This importance placed on family and community has led researchers to understand Asians as a whole as embracing collectivism versus individualism (Farver, Narang, & Bhadha, 2002; Triandis

& Gelfand, 1998). Triandis (1989) defines collectivism, as the enduring perception that an individual is an integrated part of a group while individualism is the perception that a person is an autonomous entity. Individualistic cultures encourage independence and self-sufficiency, a contrast to collectivistic cultures where there is overlap between the goals for self and the group (Sandhu, 1997). Individualism is associated with Western cultures (e.g. American) while collectivism is associated with Asian cultures, accounting in this case, for a major difference between South Asian and American cultural beliefs (Farver et al., 2002). Typically collectivists, South Asians tend to value family such that they strive to bring pride and honor to the family regardless of the personal sacrifice and costs to individual freedom (Sandhu, 1997). This is in complete contrast with the American value of independence, the focus in American culture on the differentiation of self and minimal family involvement (Inman et al., 2001). For a South Asian living in the United States, this may mean having to choose between individual and family expectations, possibly leading to conflict within the family depending on where the individual is in the acculturation process (Inman et al., 2001). As such, the family can be a source of strength and distress (Das & Kemp, 1997).

South Asians living in the U.S. have tried to maintain a sense of ethnic self-identity despite the assimilatory forces of the U.S. (Dasgupta, 1998). A significant issue for South Asian women living in the U.S. is acculturation, a psychological distress experienced by immigrants and ethnic minorities (Berry, 1990; Uba, 1994; Ying 1998). South Asian females face the challenge of successful psychosocial adjustment to the new social environment. They are expected to value and maintain their heritage and, at the same time, to adapt to the host society. However, bicultural identity is not easily attained, and many individuals will not seek out psychotherapy because of the stigma associated with it and the discomfort in disclosing personal information about the family (Das & Kemp, 1997; Sodhi, 2008). However, therapy from a psychodynamic perspective emphasizing multicultural and sociocultural factors can help address the cultural norms and nuances, while also stressing relational patterns and defense mechanisms that are used as one navigates two competing identities (Tummala-Narra, 2014). American and South Asian values often conflict in areas of sexuality, deference to authority, view of self, and appropriate levels of displaying emotions. For example, in Asian culture an individual's interdependence is celebrated, which differs from American culture where independence is valued. Therefore, therapy helps address these differences and helps the individual explore how these two opposing values can co-exist. However, during the initial stages of developing a bicultural identity an individual might be ambivalent toward one or both cultures. Furthermore, individuals developing a bicultural identity might appropriately engage in splitting as a way to keep both cultures separate depending on the situation and context. South Asian clients might also introject negative societal messages about the minority culture thus making the integration process more complicated. Each of these defense styles will be explained further in the clinical conceptualization section.

The following section will explore themes that emerge as a result of the variance between the two cultures.

OVERVIEW OF SOUTH ASIAN GENDER ROLES

South Asian culture is traditionally hierarchical, as well as patriarchal. Due to the gendered nature of the hierarchy, men are granted a higher status than women (Das & Kemp, 1997). Thus, the oldest male within the family is positioned at the top of the hierarchy and the youngest female is placed at the bottom of the hierarchy (Tummala-Narra 2013; Jayakar, 1994). Consequently, men often hold the decision-making power in significant family decisions, such as finances, education and immigration (Singh, 2009). As it stands, younger South Asian women often have no voice in the hierarchy, with the female that typically holds the least amount of power in the family being the daughter-in-law (Tummala-Narra 2013). Unlike Western cultures where older women are often devalued, it is through seniority of age that a South Asian woman earns the status of an “elder,” which accords her significantly more influence and power within the family (Jayakar, 1994).

The collectivistic orientation of South Asian culture, in addition to its patriarchal nature, generates the development of an interdependent identity for females (Das & Kemp, 1997; Singh, 2009). Her identity becomes defined through her relationships with the men in her life, and she may not fathom the existence of an identity separate from these individuals (Jayakar, 1994). Thus, a young woman may be known within her cultural community as being Bikram’s daughter, or Kaljot’s wife, or Gurlal’s granddaughter, but not by her own name. Females internalize the notion of a “we-self” rather than an “I-self,” (Roland, 1996), as her identity is never separate from other individuals and her family unit as a whole.

By reason of their lower position within the hierarchy, South Asian women are expected to defer to the men in her life and not question their authority. The virtues most esteemed in women are for them to be: obedient, agreeable and submissive (Jayakar, 1994). Additionally, within the collectivistic framework, South Asian women are socialized to value aspirations to be selfless and self-sacrificing, learning that a focus on “one’s own personal needs, wishes, or desires are considered selfish, Western and essentially unacceptable” (Jayakar, 1994, p. 171). A woman is expected to be attentive to both the physical and emotional needs of her family, particularly those of her husband (Tummala-Narra 2013). She is to do whatever is necessary to maintain family harmony and cohesion, even if that requires remaining silent about any distress she is experiencing within the family (Singh, 2009; Abraham, 2000; Shankar, Das, & Atwal, 2013). As a result, this “socialization emphasizes the development of a capacity to adapt to a changed environment without much resistance, and to do what the external environment or authority figure expects her to do” (Jayakar, 1994, p. 171).

A South Asian woman's status within her family and community is primarily linked to her ability to marry and have children – specifically, to be able to provide the family with male children (Ibrahim, Ohnishi, & Sandhu, 1997). A woman remaining unmarried is considered disgraceful, since motherhood is considered a South Asian woman's ultimate aspiration; it is assumed that something must be undesirable about her if she remains unwed. Those women that are unable to bear children face great shame and possibly being ostracized by their in-laws. As a South Asian woman, her inability to fulfill her fundamental duty as a woman may bring about divorce, bringing further shame to her family of origin. When a daughter-in-law gives birth to a son, it often affords her an elevated status within the family, as sons will carry on the legacy of the family and are not considered to be the “economic and moral liability” daughters are (Shankar et al., 2013; Jayakar, 1994). While she may have minimal influence within the family, her behavior holds a lot of power in that maintaining her integrity determines the family's honor (Shankar et al., 2013). Her “misbehaving” may be seen as the family of origin's inability to raise her to be an obedient daughter, creating a potential obstacle for marriage. Consequently, parents place stricter restrictions upon females and closely monitor their behavior, often prohibiting interactions with males outside of the family (Dasgupta, 1998; Akhtar, 2011). Due to the practice of dowry, daughters are considered a financial encumbrance, as her family is obligated to provide the groom's family with money, gold and gifts as compensation for bringing her into their family (Jayakar, 1994).

From a young age, females are cognizant that their acceptance within the family is dependent on displaying the necessary characteristics of deference, selflessness and unrelenting resilience, as well as upholding their integrity. South Asian women are placed in a dilemma when residing in the U.S., as they face the paradox of cultural loyalty versus gender empowerment. Due to the gendered racism that South Asian women face in the U.S., their womanhood is considered to be in “diametric opposition to White womanhood” (Patel, 2007, p. 54). Whereas White women are interpreted as being normal and poised, South Asian women are seen as subservient, passive and timid (Pyke & Johnson, 2003; Patel, 2007). Under those circumstances, they must choose to either comply with this restricting and homogenous view of South Asian women, or actively resist this stereotype. As a result, a dichotomy between “traditional” South Asian women and “Americanized” South Asian women is created and internalized, giving rise to tension between the two groups (Patel, 2007; Dasgupta, 1998; Tummala-Narra 2013).

Those South Asian women that try to uphold this unrealistic ideal of being both “traditional” and “Americanized” will experience feelings of guilt and shame when they are unable to meet it (Tummala-Narra 2011). The individualistic culture may pressure a South Asian woman to be more assertive when she is at work in order to avoid being treated in a condescending manner by the majority population and be taken seriously. However, behaving in this manner may contradict her superego ideal self. The resulting anxiety may lead to the utilization of a defense mechanism in order to contain these painful

emotions. Rather than being angry about the racist cultural practices of this country that maintain the restrictive notions of South Asian womanhood, she may displace her resentment onto “Americanized” South Asians. Thus, she attributes the other group, and not herself, as being the problem.

Since South Asian women will be viewed as perpetual foreigners and not “true Americans,” those that refuse to conform to the oppressive stereotype will have to actively combat it by proving they are different from the other South Asian women. Others within their family or ethnic community may perceive this “Americanized” behavior as a rejection of their cultural heritage (Dasgupta, 1998; Patel, 2007). The disconnection from their cultural identity may cause internal distress. In order to allay the ensuing anxiety, these “Americanized” women may (consciously or unconsciously) project any unacceptable feelings they are experiencing towards themselves onto the “traditional” South Asian women in order to demonstrate they are better. The guilt she may be feeling for not helping her mother or tending to a chronically ill grandparent may be taken and projected as a judgment that those women who sacrifice their career for their family are oppressed or submissive.

PSYCHOTHERAPY AND SOUTH ASIANS

As already mentioned, there is a stigma associated with mental health concerns and its related treatment in the South Asian community (Gupta, Syzmanski, & Leong, 2011). Though this perspective is not particular to this population, the specific ways in which this stigma is expressed might be unique to them. There is not only a shying away from needing “outside” help but also an ambivalence in general about the psychotherapy process given the lack of a similar process in South Asian culture until recently (Tummala-Nara, 2013; McGoldrick, Giordano, & Garcia-Preto, 2005). As such, therapy is a last resort, when all other ways to intervene have failed (Kim, Brenner, Liang, & Asay, 2003).

Though there may be unfamiliarity with psychotherapy, those entering the consulting room for help are bound to have their own, perhaps unarticulated expectations, of their movement through this process. It is also anticipated that these expectations would be informed by their own cultural tenets and values. In the context of South Asian culture, it is not surprising then that the therapist is viewed more as a guru¹ or benefactor, i.e. someone with expertise to solve the problem or give advice. Also, given the traditionally conservative nature of their community, South Asian women may have concerns about anonymity and privacy (Seegobin, 1999), an item to be gone over in thorough detail in the informed consent prior to embarking on therapy. Their concerns about these issues should be considered in context of the almost certain damage the mere mention of potential mental health issues can have to the reputation of the South Asian woman in her community.

1 “Once a belief system is rendered illegitimate, the “artifacts” and concepts associated with the religion no longer hold any religious value (in the eyes of the majority) and can be appropriated for a variety of users” (Joshi, 2006).

As a result, denial might be a common defensive mechanism employed even within the therapy room. A match between the client and therapist in the domain of ethnicity does not necessarily mean less utilization of this particular defense. In fact, client-therapist match with regards to ethnicity might accentuate this expression given the concern that the therapist is a physical reminder (literally) of the potential judgment this woman might experience should her private struggles become known (Tummala-Nara, 2013). Alternatively, in the event the client and therapist do not share the same ethnicity, the client may view the therapist as the “other” and use denial to avoid sharing concerns from which she or her culture may be pathologized.

This fear is not limited to those women who might identify primarily with traditional South Asian values. A client of South Asian descent may approach psychotherapy with a coexisting set of traditional and modern attitudes and feel the same way. Contrary to assumptions that a South Asian woman would be easily identifiable as belonging to one camp or the other, caution should be used in defaulting to the proverbial judging of a book by its cover (Tummala-Narra, 2011). In addition, given that South Asian women have to learn to skillfully navigate their dual racial identities in the United States (as discussed earlier in this chapter), this method of ascertaining to whom one speaks, is flawed and will be ineffective. The reason for this lies in the South Asian woman having to constantly navigate contradicting expectations (those of the ethnic community she’s a part of and the mainstream culture that she may work and/or go to school in) resulting in a potentially fluid identity.

During her therapy session, the South Asian woman might focus on external factors to avoid from speaking about what unsettles her. This may come across as staying superficial and avoiding any trajectory in the dialogue that offers the opportunity to dive into the depths of the presenting issue. In conversation, this may be expressed as lengthy descriptions of events that do not seem to get to the heart of the matter. In the same vein, the South Asian woman might also report a seeking out of religious objects or symbols to diminish the problem in spite of having discussed skills to solve the problem herself. This reliance on religious/spiritual traditions is less about avoiding what the therapist has to offer and should not be taken personally. Clinically, it would be important to join with the client in her genuine belief that only a deity can rid her of the source of the problem that she is experiencing (Jayakar, 1994) and expand upon this belief. It bears repetition that there is a cultural context for these beliefs, which needs to be respected, and every effort made to work with these traditions.

Other cultural mores that may be evident in a therapeutic conversation when the client is South Asian might be the focus on physical illness (Tummala-Narra, 2013). Regardless of etiology, physical illness in South Asian culture is one of very few allowed acknowledgements that all is not well in one's world. This may have the effect of creating distance between the therapist and client if the intent of why it is being communicated is not understood. Sharing such private details is an acceptance that the professional can possibly make sense of their struggle and/or that these disclosures are a subtle invitation to attach or bond with the client. It would be important not only to empathize with the concerns but also to avoid offering solutions that seem consistent with the cultural norms, e.g. getting a second medical opinion. This will not only allow the client to forge an alliance with the therapist but open a door for deeper, i.e. more intimate concerns to be brought up and discussed.

Another cultural more that one may find in working with South Asian women is the lack of discussion about sexual issues (Tummala-Narra, 2013). It would be unlikely for a woman of this descent to bring up particulars about her own sexuality or that of others. Given that this is traditionally not addressed in public settings or with those outside of the family (if it is addressed at all), the South Asian woman may have had little practice articulating her thoughts on this topic, let alone her concerns in relation to this subject. At least initially, the therapist would need to set aside concerns about colluding with the client's silence on this subject in favor of sensitivity to the client's cultural context. It is likely that patience in building a strong enough alliance to enable the client to ask questions or share concerns on this topic in her time will reduce the possibility of the client prematurely terminating her psychotherapy because she felt uncomfortable. Therapeutic alliance is the essence of culturally informed dynamic therapy.

SOUTH ASIAN WOMEN AND PSYCHODYNAMIC PSYCHOTHERAPY

Psychodynamic therapy is characterized by its specific attention to what is made conscious and what is held in the unconscious. It is a therapy in which affect and the expression of emotion (or its lack) is noted and explored in session dialogues between therapist and client. In this particular counseling modality, past experience is related to current distress to identify recurrent themes and patterns, which give needed data about the etiology and/or maintenance of the chief complaints that bring a person into therapy. Interpersonal relationships are examined while the relationship between therapist and client is sifted through for occasions of transference (where the client unconsciously shifts feelings and fantasies that are reactions to significant others on to the therapist) and countertransference (therapist's conflicts are triggered by the patient). This therapy also allows for the potential to examine a client's unconscious fantasy life (e.g. dreams) and identify common defenses that are used to stave off distress (Tummala-Narra, 2014)

Psychodynamic therapy may be particularly useful for the South Asian population with its insight-oriented approach and flexibility to explore roots of concerns underlying presenting problems and the complexities of identity (Messent, 1992; Seegobin, 1999). Dynamic therapy with South Asian women may look different with regards to the specific transference and countertransference that may be expressed. In terms of transference, the client may be frustrated that the therapist is not giving advice (not acting as the benefactor). This therapeutic modality, unlike some others, offers the potential or space to explore this frustration with the client and note why this is so important to them. This allows the client to engage in a metaprocess by which they gain insight into their own workings.

Particular countertransferential reactions when working with South Asian women might include frustration that the client is not progressing in therapy as quickly as the therapist would like or anger toward the client for not revealing as much as the therapist deems necessary. Since psychodynamic treatment allows for the analysis of therapist's feelings and behaviors, this may be useful to understanding therapist behaviors that may include infantilizing the client or experiencing anxiety about the global nature of concerns this client is presenting in the consulting room.

Given the challenges South Asian women may face with regards to their bicultural identity and gender roles, it is understandable that they may be guarded as they approach the psychotherapy process. Traditionally, it has not been sought out as an avenue toward healing, which compounded by the stigma that surrounds mental health issues in general, allows very little information to be disseminated about this process (Tummala-Narra, 2013). As a result, South Asian women coming in to psychologists' offices may have very little information about how the therapeutic process works, including what they can expect of the therapist in question, and what is expected of them. The defensiveness they might emit as a result of their cautiousness around this process may come across as what the founder of psychoanalysis, Sigmund Freud, would have termed as resistance.

Resistance, according to Freud, was what patients/clients unwittingly, i.e. unconsciously, did to keep unwanted memories out of their consciousness. Traditionally, in the psychoanalytic literature, it has implied a negative perspective of the client's presentation even though it has been understood to be both a point of frustration for the treating clinician and his or her most valued tool to aid a patient to psychological health (Samberg, 2004). More recently, there has been a move towards interpreting this construct in a broader, less pathologizing manner within the psychodynamic (née psychoanalytic) literature.

In addition to resistance being viewed as the client's way to protect their sense of self by avoiding (while at the same time expressing) unacceptable drives, fantasies, feelings, and behaviors, it is also viewed as the way in which a client asserts their autonomy. In fact, Messer (2002) suggests that from this broader perspective, resistance denotes the routine ways in which clients express and keep hidden parts of themselves as they relate to the world and in particular to the therapist. This viewpoint offers insight into how resistance is the way in which clients communicate their distress and their coping with it, making it exactly what therapists need to work with and not against (Messer, 2002).

CLINICAL THEMES

Given the various differences in cultural values and expectations, South Asian women might present themselves differently in therapy. Psychodynamic psychotherapists will often look for themes and explanations to conceptualize the client. The case mentioned at the beginning of this chapter will be integrated into the following discussion of how factors such as defense styles, personality structure, and presentation in therapy may help to understand the South Asian woman in therapy.

According to Merriam Webster's dictionary (2004), ambivalence is the "simultaneous and contradictory attitudes or feelings toward an object or a person." Freud looked at ambivalence in regards to social relationships and to explain transference (Freud, 1914). An individual navigating two cultures might hold conflicting feelings for one or both cultures, potentially having a desire to engage in the host culture, while also being cautious about fully immersing into the culture. Additionally, there might be fear related to losing one's culture if aspects and traditions of the new culture are integrated into daily life. In the case of Supreet, her ambivalence is clear in the topic of accepting the promotion or not. While her parents have decided that she should turn down the promotion, she is distressed by the thought of deferring to her parents. There is a part of her that might believe that she should come to her own conclusion about this opportunity. South Asian women might feel excited about American culture, given the emphasis on autonomy and independence (Tummala-Narra, 2013), but also afraid of what it means to be independent in a South Asian context. For example, a South Asian woman might devalue and idealize American traditions and beliefs, longing for autonomy while also desiring interdependence. Supreet's case shows that she desires the autonomy even though interdependence is a salient part of her cultural identity. At this juncture, it would be important for a clinician to help the client process her mixed feelings toward both cultures and sit with the competing views, an awareness of which would indicate how the client navigates tension (Luscher, 2004). It will also allow the clinician to assess whether the individual can successfully integrate both perspectives, or if one feeling and culture needs to be rejected in order to maintain a sense of identity.

Krause (2010) explains that introjection is the reproduction of and thought about the self, based on interaction with the environment. A South Asian female might introject many messages about what it means to be a South Asian as well as what it means to be American. Therefore, it is important for the therapist to be aware of biases and implicit attitudes that are not within one's conscious awareness (Liang, Tummala-Narra, & West, 2011). She might introject negative messages about one or both cultures, based on societal expectations. For example, she might expect to see herself as a reserved "model minority" since those are the messages of Asians in the media. At the same time, she might expect herself to be assertive and vocal, echoing the expectations of the host American culture. Thus, introjections (messages) that might not match how a female views her true self might be distressing and confusing. For example, Supreet's dilemma is that American society at large and her parents expect her to behave as a traditional Indian woman, even though her parents want her to label herself as American. As a result, she has introjected messages from both of who she should be and how she should behave. Therapy becomes beneficial when the female has a way to express and discuss messages she has about each culture (Tummala-Narra, 2013). Moreover, therapy can challenge the client to think about ways in which she truly views self as opposed to messages that might have been introjected unfiltered from society. Prior to processing through cultural messages, a therapist might start with engaging a South Asian female client around what messages have been internalized about seeking out therapy. For example, she might feel as though she should not be in therapy to discuss concerns because she is expected to be self-sacrificing and value others' perceptions over her own (Reddy & Hanna, 1998), which can often be a good place to start exploring internalized messages.

Finally, splitting is another way a South Asian female might express or manage differing cultural values in therapy. Splitting is often seen as a primitive defense in the psychotherapy literature, however, Chin (1994) states that splitting is an important means to navigate two cultures. A South Asian woman might split as she tries to integrate two different identities, her views of each culture, and separate parts of her identity. However, once integration has occurred splitting might also be necessary for survival in two distinct cultures. For example, a South Asian woman might need to take on more child-rearing responsibilities to maintain family peace and stability, but at the same time assertively delegate responsibilities at work because there is more flexibility to do so. This is evident in Supreet's case because she is able to assert herself at work while being submissive at home. This split is made out of necessity to manage the contrasting expectations of her job and family. Depending on context, psychotherapy can help the individual understand who they are and the complexities of a female identity. Furthermore, therapy can address the emotional stress a South Asian woman might experience in navigating the complexities of a bicultural identity, i.e. she does not have to see herself as adhering to only one set of norms or values, but as one who can seamlessly navigate between two cultures because that is her choice.

PERSONALITY STRUCTURE

To understand the impact that traditional South Asian gender roles have on the identity development of South Asian women, their personality structure needs to be examined. Psychodynamic theory postulates that personality is composed of three elements that emerge at different developmental stages: the id, the ego, and the superego. South Asian women's personality structure can be conceptualized as being predominantly controlled and influenced by the superego. A South Asian woman's superego consists of the strict gender roles, values and morals she learned from her cultural group and family of origin. In order to quell the feelings of guilt she experiences for not being a son – not being good enough – she works tirelessly towards fulfilling her obligations as a South Asian female in her family. Supreet works hard to excel at her job and at the same time please her family. She might have an underlying expectation to meet the obligations for all systems and individuals she is connected to in her life. Due to her socialization, she received precise guidelines on how an honorable female should behave in order to cause her family less burden than her existence within the family already has. This represents her superego ideal self – the idealized view of how she should conduct herself in the world and what she should prioritize. When she fails to meet this standard, her superego conscience may punish the ego by eliciting feelings of shame or guilt. However, when she acts in accordance to this ideal, the superego rewards her with feelings of pride (Akhtar & Varma, 2012).

This stronger superego works to control and inhibit the impulses of the id (immediate satisfaction), and persuades the ego to prioritize moralistic goals (determining what is right or wrong) over logical goals (assessing how to realistically satisfy a need). Since a South Asian woman's identity is interdependent, she possesses a strong ideal self that is oriented toward obtaining approval from others, as this brings her "feelings of inner esteem" (Jayakar, 1994, p. 172; Roland, 1998). Any of her immediate needs or desires are prioritized lower if the family requires something of her in order to avoid experiencing feelings of guilt brought on by her superego. Accordingly, South Asian women become adept at recognizing what is expected from them in different situations and willingly change their attitudes and behaviors in order to meet the needs of their families (Jayakar, 1994).

THE "MORAL MASOCHIST"

South Asian woman can best be understood through the psychodynamic personality style of the moral masochist, which is defined as "people who have organized their self-esteem around their capacity to tolerate pain and sacrifice" (McWilliams, 2011, p. 270). This is not to be confused with the notion that they enjoy experiencing pain. Rather, it is about the moral victory that is achieved through this process – these women sacrifice personal concerns for the sake of their family's wellbeing, and the greater good. A South Asian woman's ultimate purpose is to devote her life to her husband, her

children and to her family. For Supreet, her current responsibility is to prepare to be a wife and mother in spite of her wishes to pursue this promotion. It is her duty to be selfless and to endure whatever suffering and hardship is necessary in order to keep her family together and thriving. Her sense of self becomes dependent on fulfilling this role of the familial martyr, as she has been “powerfully rewarded for enduring tribulation gallantly” (McWilliams, 2011, p. 276), both externally from others, as well as by the feelings of pride generated by her superego for being compliant with the ideal self. This validation assuages their deep unconscious feelings of guilt, resulting from the internal conviction that they are “bad” and an obstacle for their family.

SOUTH ASIAN WOMEN'S EXPRESSIONS OF RESISTANCE

There are a few expressions of resistance that may be particular to South Asian women. As discussed previously, the martyr role may be solidified by taking on the role of the passive “good girl” to avoid acting independently and work through the reasons she came to therapy. In addition, there may be behaviors or verbalizations that undo previous commitments or actions. South Asian women may also experience increased discomfort or heightened anxiety when moving towards alternative expressions of self, e.g. self as independent vs. interdependent. As a clinician working with Supreet, it is important to work at a pace she is comfortable with and not push her to choose between the individual and collective aspects of her identity, but explore the fluidity of these identities. For example, she may move quite fluidly between being deferential to her parents, while at the same time being autonomous without guilt at work.

Other expressions of resistance may include controlled avoidance of issues of relevance to the chief complaint, being overly deferential to the therapist and placidly acceding to all that the therapist says or does, e.g. smiling, nodding, minimizing. In addition, South Asian women may be against terminating ties with their community even if they are experiencing real and present pain because of these relationships. However, given the high value placed on family and community, this is a place for the clinician to join with the client so that they can experience the empathy and support potentially not being received anywhere else.

Another area that could illicit resistance is if the South Asian client perceives that the therapist does not truly understand her, i.e. see her in the context of her community and culture. An expression of this might be refusal to be assertive. It would be important for the therapist to understand that to have a voice is a luxury that many South Asian women do not have in their families or communities. To force this issue in therapy may increase resistance and further marginalize the client, essentially making her feel, “I am less than ... again and again.” This could lead to the client engaging the therapist less frequently, which may also result in the client’s premature termination of her own psychotherapy.

Given the motivation for these behaviors in therapy, it may be prudent to reconsider if resistance is truly being met when a client shares only what she feels safe to share or if she is communicating in a style that is unfamiliar or different from you as the therapist? Is it resistance if a client is attempting to integrate the autonomous and interdependent parts of herself? It may be salient to consider that the label of resistance may allow a clinician to foreclose on the motivations of this client without fully grasping the intent driving these expressions.

CLINICAL IMPLICATIONS

Be aware of the sociocultural and political context of the client in order to avoid overly pathologizing them.

When working with South Asian women, the usage of the term “feminist” may be culturally irrelevant, as it represents the western ideals of womanhood. As an alternative, utilize more culturally meaningful words, such as: strong woman and brave woman (Patel, 2007).

Recognize that South Asian women’s conception of “strength” differs from the western model of a “strong woman.” They may deem “strength in a more collectivistic framework in which interdependence is seen as requiring more strength than independence” (Patel, 2007, p. 59). Being “selfish” and only doing what is best for the individual may be viewed as an easier task than maintaining a strong emotional bond with the family and being willing to make sacrifices for the sake of the greater good of the family.

Develop self-awareness of one’s own sociocultural history and context (e.g. impact of group membership) to develop and hone culturally appropriate intervention skills.

Be aware that the client’s language concerning distress may be different from Euro-Americans and that emotional distress and painful affect may be expressed more broadly as a component of physical distress.

Facilitate a safe transitional space to process ambivalence about South Asian and mainstream US cultures.

Support clients emotionally as they integrate various aspects of identity but also think about connecting clients to resources in the community that may be of support to them e.g. cultural associations, bibliotherapy.

Inquire about how the client identifies culturally and what it means to them by asking specifics about values, traditions, and beliefs.

Explore the positive and negative messages that have been internalized about dual cultures. This will also help the therapist to be aware of biases and stereotypes of a particular culture (Liang et al., 2011).

Address and understand ways the client might switch norms or expectations depending on the cultural context. Inquire and explore client's feelings around these shifts.

SUMMARY

Psychodynamic psychotherapy addresses the complexity of South Asian women's identities by attending to the multiple cultural expectations of being a woman. Its framework lends itself to a more holistic and comprehensive view of what South Asian women have to navigate outside their countries of origin and specifically, what they have to negotiate or wrestle with in psychotherapy. That said, this chapter is only the beginning of the consideration that this population requires to receive culturally competent psychological care. It is the authors' hope that its perusal will inspire psychology professionals to move past their own worldviews and make space for the sometimes conflicting, and perhaps confusing, worldviews of South Asian clients.

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ABOUT THE CONTRIBUTORS

Bindu Methikalam

Bindu Methikalam is an Assistant Professor of Psychology and the Assistant Director of Clinical Training at Chestnut Hill College in Philadelphia, PA. Dr. Methikalam received her doctorate in Counseling Psychology from The Pennsylvania State University. She is a licensed psychologist who has worked with individuals, couples, and groups. Her clinical interests include working with trauma victims, adjustment, anxiety, depression, family and relationship concerns as well as diversity related issues. Her research interests are in perfectionism, family expectations, multicultural issues, particularly, immigrant experiences, acculturation, and cultural identities. She conducts workshops on the South Asian mental health, bicultural identity, and immigration. She is a member of the American Psychological Association and Asian American Psychological Association (Division of South Asians).

Sneha McClincey

Sneha McClincey is a Psy.D. student at Chestnut Hill College in Philadelphia, PA. Ms. McClincey is also a Master's level therapist (M.A. in Counseling; M.S. in Clinical & Counseling Psychology) who has worked primarily with individuals and families in outpatient and community settings. Her clinical interests include working with children and adolescents, sex offenders mandated to treatment, and individuals and families dealing with loss. Her research interests are varied, including multicultural competency, self-care, hope in the clinical context, third-culture kids, and empathy. She is a member of the Pennsylvania Psychological Association (PPA) and serves on the Committee of Multiculturalism. She is also a member of the Pennsylvania Psychological Association of Graduate Students and the Pennsylvania Society for Psychoanalytic Psychology.

Simrun Kaur Sandhu

Simrun Kaur Sandhu is Psy.D. student at Chestnut Hill College. She received her master's degree in Clinical Psychology from Chestnut Hill College, and has worked predominantly with individuals and groups. Her clinical interests include working with victims and survivors of interpersonal trauma, adolescents, healing from developmental or attachment trauma, and issues of diversity. Her research interests are in complex trauma, women's related issues, attachment, and multicultural issues (acculturation, racial, ethnic and religious identity development, and Sikh Americans). She is a member of the American Psychological Society, and serves as the Campus Representative for the American Psychological Association of Graduate Students (APAGS) Advocacy Coordinating Team, and is on the Student Task Force for the Psychology of Asian Pacific American Women (Section 5 of APA Division 35). Ms. Sandhu is also a member of the Asian American Psychological Society, Pennsylvania Psychological Association and the Pennsylvania Society for Psychoanalytic Psychology.